Center for
Prevention Programs
and Partnerships

CP3's Approach to Prevention

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Table of Contents

Executive Summary

Threats facing the United States include an increasing number of targeted violence and terrorism attacks perpetrated by individuals who resort to violence to address one or more specified grievances. The Center for Prevention Programs and Partnerships (CP3) was established to spearhead targeted violence and terrorism prevention (TVTP) efforts that affect individuals, communities, and American society. Its approach is based on time-tested principles of public health that focus on the safety and well-being of entire populations.

CP3's approach focuses on enhancing protective factors that empower individuals, peers, families, and communities. This approach works to decrease the likelihood that an individual will resort to violence in the first place and creates a safety net around those individuals who exhibit concerning behaviors, such as making generalized threats of targeted violence. CP3 organizes TVTP activities into four levels of programming: primordial, primary, secondary, and tertiary. Each prevention level offers opportunities to reduce the risk of both targeted violence and terrorism and creates additional opportunities for a wider array of partners to participate in prevention efforts. These prevention levels range from addressing larger societal factors that negatively impact people, to building healthier communities at the local level, creating safety-net programs for individuals, and rehabilitating individuals previously engaged in activities associated with targeted violence and terrorism. CP3 uses this comprehensive, multidisciplinary, and strengths-based approach to build a culture of TVTP and encourage communities and providers to build upon existing violence prevention skills and programs.

There are many benefits to adopting a public health-informed approach to violence prevention. The approach is holistic, proactive, empowering, multidisciplinary, productive, evidence-based, pragmatic, and focused on building sustainable, long-term safety in all communities.

CP3 carries out this work through five objectives:

- Objective 1: Curate Research and Develop Content
- Objective 2: Increase Capacity of Prevention Providers and Partners
- Objective 3: Invest in and Support Innovative TVTP Programs
- Objective 4: Build a Public Health-Informed National Coalition for TVTP
- Objective 5: Execute Strategic Communications

CP3's Approach to Prevention

A White Paper from the DHS Center for Prevention Programs and Partnerships (CP3) on Preventing Targeted Violence and Terrorism through Public Health-Informed Programs and Services

I.   Introduction

The Department of Homeland Security (DHS) was created in the wake of the September 11, 2001, terrorist attacks to unify the nation's response to foreign terrorist threats against the homeland and to enhance national security. The threats facing the United States have since evolved to include domestic targeted violence and terrorism. The primary threat of targeted violence and terrorism stems from lone offenders or small cells of individuals motivated by a variety of grievances that may be complex and difficult to understand or anticipate when solely using traditional law enforcement and intelligence capabilities (DHS, 2022). As such, DHS has adapted to address the changing landscape and established the Center for Prevention Programs and Partnerships (CP3) in 2021 to spearhead the department's prevention efforts against this spectrum of targeted violence and terrorism.

This white paper provides an overview of the current targeted violence and terrorism threat landscape, the application and benefits of a public health-informed approach toward prevention, and a summary of CP3's strategy guiding its program priorities and investments.

II.   Context

The United States has witnessed the tragic outcomes of individuals who use violence to address a grievance, express a bias, or advance an ideological cause. These tragedies include premeditated instances of school and workplace violence, hate crime, and terrorism.

Law enforcement does not have the authority to preempt these acts of targeted violence absent activity that either meets the legal standard of incitement to commit a crime or constitutes a true threat to public safety. This kind of violence exposes a structural gap in our national response. For example, the National Consortium for the Study of Terrorism and Responses to Terrorism (START), a non-government academic research center, assesses that "in the post 9/11 era…individuals associated with domestic extremist ideologies were successful in committing violent crimes 57.5% of the time" (Jensen et al., 2023, March, p.3).[1] The criminal justice community can utilize material support laws to disrupt plots more readily for homegrown violent extremist (HVE) plots inspired by designated foreign terrorist organizations. Even with these tools, START finds a 20.8% success rate for HVE plots during the same period.

The number of mass casualty violent extremist plots in the United States is increasing. Data collected by START spanning the last 30 years demonstrates that "during the five-year period from 1990-1994, the United States averaged two mass casualty extremist plots per year. By comparison, during the five-year period from

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[1] Data referenced from START projects are from the federally funded private research project Profiles of Individual Radicalization in the United States (PIRUS). The START project collects data that is outside the DHS mission scope and categorizes that data in ways that DHS does not. START's conclusions are not representative of DHS analysis. DHS does not monitor or track individuals or groups solely on the basis of ideologies. The mere advocacy of political or social positions, political activism, use of strong rhetoric, or generalized philosophic embrace of violent tactics does not constitute violent extremism and is constitutionally protected. PIRUS is a de-identified, cross-sectional, quantitative dataset of individuals in the United States who radicalized to the point of violent or non-violent ideologically motivated criminal activity, or ideologically motivated association with a foreign or domestic extremist organization from 1948 to 2021. The PIRUS dataset was coded using entirely open-source material. The dataset is not limited to a single ideological category. For more information on methodology and definitions utilized in this research project, please visit: start.umd.edu. This project was supported by Awards 2012-ZA-BX-0005, 2017-ZA-CX-0001, and 2019-ZA-CX-0004 through the National Institute of Justice, Office of Justice Programs, and U.S. Department of Justice, and by the Department of Homeland Security Science and Technology Directorate's Office of University Programs through Award Number 2012-ST-061-CS0001.

2017-2021, there were an average of 40 mass casualty plots per year in the United States — a 1900% increase" (Jensen et al., 2023, March, p.1). Approximately 33% of mass casualty plots catalogued by START from 1990-2021 were successful (Jensen et al., 2023, March).

Heightened levels of targeted violence in the United States reflect more than just an increase in mass casualty attacks. While DHS does not monitor or track hate crimes, the FBI's repository of hate crime statistics reported by law enforcement organizations shows year-to-year increases in recent years, with hate crimes associated with the Israel-Hamas conflict exacerbating that trend in 2023 (Alfonseca, 2023). News media report a steady increase in school shootings over the past several decades (Matthews, 2024; Cox et al., 2024). In sum, too many Americans are injured or killed in instances of targeted violence (Matthews, 2024; Cox et al., 2024).

These acts of violence, regardless of the underlying grievance, bias, or ideology, harm the fabric of society. Their effects reverberate through our communities and are used by nefarious actors to both fuel future acts of violence and drive wedges into our national psyche. Targeted violence results in negative psychological, social, and public safety impacts far beyond the physical target of a specific attack, particularly among youth (Levine and McKnight, 2020; Hodges et al., 2023).

To protect citizens against targeted violence and terrorism, DHS and its interagency partners engage in counterterrorism measures aimed at disrupting active threats. Recognizing that these disruptions will not always succeed, DHS also invests in antiterrorism strategies to better secure public spaces and critical infrastructure. While these approaches are critical to public safety, they are designed to reduce the risk from threats already manifested. They are not designed to decrease the likelihood of targeted violence and terrorism in the first place nor address the negative, second-order impacts on our national fabric.

Some Americans bombarded with targeted violence images and headlines may accept this kind of violence as inevitable. In fact, we know that instances of targeted violence are often preventable, just as other forms of violence are often preventable through early interventions.

DHS recognizes the need for a strengths-based, proactive, risk reduction strategy that decreases the likelihood of targeted violence and terrorism. CP3 embraces a public health-informed approach to prevention that leverages decades of violence prevention experience, strengthens a wide range of partnerships, and fosters understanding by the general public that instances of targeted violence are often preventable. CP3 envisions a safe, informed, and resilient society by fostering a culture of TVTP in the United States.

III.   Practical Approaches to Prevention

CP3's approach to prevention is informed by key principles of public health, including a focus on the health and well-being of individuals and communities. This approach applies evidenced-informed models used in other forms of violence prevention, based on research in areas like public health, psychology, and criminology.

CP3 builds partnerships with a wide range of TVTP providers and stakeholders across every level of government, the private sector, and within local communities. Through annual grant funding opportunities and training programs, CP3 aims to increase public awareness about prevention and capacity building. At the state and community levels, CP3 supports the development of TVTP strategies and programs. In addition, CP3 shares research and evidence-based practices through published prevention resources to enhance community initiatives and ensure that practice is based on the best available research across a wide range of academic disciplines, such as public health, mental health, family studies, psychology, and behavioral studies.

A central component of a public health-informed approach is the identification of risk and protective factors that either increase or decrease the likelihood of perpetuating or becoming a victim of violence. Identifying risks and protective factors can help determine where prevention should be focused (CDC, 2024a). In the context of

targeted violence and terrorism, research indicates that risk factors for engaging in violent extremism can range from attitudinal factors, like anger, political grievance, and in-group superiority, to criminogenic factors like thrill-seeking and low self-control (Wolfowicz et al., 2021; Ellis et al., 2024). Risk factors are not predictive; rather, a risk factor is "a characteristic that may increase an individual's susceptibility to radicalization to violence"[2] (DHS, 2021, p.2). Research suggests that risk and protective factors can vary depending on local context, highlighting the importance of community-driven approaches to prevention (Ellis et al., 2021).

Strengthening protective factors can help mitigate the occurrence of risk factors. For violence prevention broadly, this includes supporting communities to ensure families have adequate access to basic needs, including medical care, safe and stable housing, high-quality education, and economic opportunities, ensuring that individuals feel connected to others in the community. In the targeted violence and terrorism space, protective factors can include institutional trust, social support, parental involvement, and life satisfaction (Wolfowicz et al, 2021).

Risk and protective factors emerge across the individual, relationship, community, and societal level. CP3's public health-informed approach uses the Social-Ecological Model (SEM) to demonstrate how context influences risk and protective factors across layers of society. The SEM positions the individual nested within three levels of society (relationship, community, and societal) and values the interplay of factors between each of these levels. The SEM explains how CP3 gains a person-centered understanding of TVTP while also considering the environment in which an individual lives and acts. Accordingly, CP3 partners with a wider range of organizations that work at the individual, relationship, community, and societal levels to reduce the risk of targeted violence.

The Social-Ecological Model: A Framework for Prevention (CDC, 2024b)

In addition, CP3 uses public health-informed prevention levels to address risk and protective factors across the SEM comprehensively. These prevention activities seek to improve the social determinants of health — the conditions in which people grow, live, work, and age that shape health outcomes (CDC, 2024c). For TVTP and CP3, this means addressing the social determinants that can decrease the likelihood of individuals engaging in targeted violence and terrorism on four prevention levels, categorized as primordial, primary, secondary, and tertiary.

1. **Primordial prevention** focuses on societal-level factors that impact the health and well-being of individuals and communities. Protective factors include cultural norms like freedom of speech, social inclusion, and equity, which are often protected by law. Examples of negative factors include misogyny, racial or ethnic intolerance, and lack of trust in civic institutions. These negative societal-level factors can create anger, fear, or uncertainty. Within the context of TVTP, violent extremists often amplify these factors opportunistically and place blame on specific groups or communities, describing them as threats and calling for criminal violence against them.

2. **Primary prevention** occurs at the community level, for instance in a school, among an affinity-community group or a geographic location like a city or town. Primary prevention programs build upon the protective factors that help communities thrive, such as the social determinants of health, thus decreasing the attractiveness of violence as a solution to a given problem. Primary prevention programs help normalize a culture of nonviolence and violence prevention.

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[2] Radicalization is the "development of attitudes supportive of the use of violence in the name of a cause" (Wolfowicz et al., 2021, p.2).

3. **Secondary prevention** applies to individuals exhibiting concerning behaviors associated with incidents of targeted violence and terrorism, such as verbalizing intent to engage in violence or fixating on previous incidents of targeted violence and terrorism. Secondary prevention programs include non-criminal justice interventions in which multidisciplinary teams and community stakeholders provide direct services (e.g., behavioral health, mental health, human services) to mitigate the relevant risk factors and enhance the relevant protective factors in an individual's life, decreasing the likelihood that they engage in an act of violence. [3]

4. **Tertiary prevention** applies to individuals who have engaged in or actively supported acts of targeted violence and terrorism. Tertiary prevention programs help rehabilitate and reintegrate individuals into society to reduce their likelihood of reoffending. Tertiary prevention programs help build protective factors and mitigate risk factors at the individual level, as well as among family and peer networks.

Levels of Prevention	Partner Examples			Programs
Primordial Advocating to Prevent the Development of Risk Factors	Policy Makers	State & City Government		Civic Engagement, Youth Resilience, Law Enforcement Community Engagement
Primary Fostering resilient communities	Public Health Workers	School Admins & Social Workers		Training and Awareness, Bystander Training, Social Cohesion Programming
Secondary Providing services to people at risk	School Counselors	Mental Health Providers	BTAM Teams	Referral Services, BTAM, Intervention Services
Tertiary Supporting offenders to facilitate positive community re-entry	Judges, Prosecutors, Defense Attorneys	Re-Entry, Parole & Probation Officers		Rehabilitation and Reintegration Services, Post-Attack Recovery

IV. The Benefits of Adopting Principles from a Public Health-Informed Approach to Violence Prevention

There are several benefits to adopting principles of a public health-informed approach to violence prevention, ranging from cost-benefits to long-term community health and well-being.

a. Holistic
Compared to relying on a criminal justice approach in isolation, which focuses only on the individual level, the public health-informed approach is holistic (National Academies of Sciences, Engineering, and Medicine, 2017). By working across the social ecology and levels of prevention, the public health-informed

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[3]Risk factors are often widely held across populations and are not predictive of targeted violence nor terrorism at the individual-level. An individual may have one or more risk factors and never turn to violence, and so absent concerning behaviors associated with violence, focusing on risk factors alone to spur individual-level interventions is not appropriate. At the population-level, however, enhancing protective factors and mitigating risk factors decreases the likelihood of violence. Further, if an individual is engaging in concerning behaviors associated with TVT, developing a non-punitive case management plan to enhance the relevant protective factors and mitigate the relevant risk factors in that person's life is an effective way to minimize the likelihood of violence.

approach allows CP3 to advance a model of prevention that decreases the number of individuals who engage in targeted violence in the first place, increases the frequency and efficacy of non-criminal justice referrals and interventions for at-risk individuals, as well as decreases the likelihood of recidivism. Through its focus on risk, protective factors, and behaviors instead of ideology, practitioners can apply the public health-informed approach effectively to prevent grievance-based violence, pre-meditated hate crime, and terrorism. Further, proactive investments in protective factors associated with resilience prior to an attack, such as increased access to mental health, behavioral health, and human services, along with increased social cohesion, decrease the societal harm caused by successful attacks and help foster recovery.

b. **Proactive**
Compared to traditional antiterrorism and counterterrorism measures, which decrease the risk associated with individuals already mobilizing to engage in violence, the public health-informed approach is proactive. It invests in programs across the prevention levels that decrease the likelihood that individuals will accept criminal violence as a necessary and legitimate means to advance an ideological goal or address a personal grievance. Primordial and primary prevention programs seek to understand and respond to the intersections of societal and community-level experiences such as racism, bullying, and barriers to resources that can increase the likelihood of violence (Eisenman and Flavahan, 2017, p. 346). Secondary prevention programs, such as school-based multidisciplinary teams and referral networks, connect individuals with services and opportunities that decrease the likelihood of criminal violence and other negative outcomes (Cornell and Maeng, 2020). Tertiary prevention programs decrease the likelihood of violent recidivism among individuals at the highest risk of engaging in extremist violence — those with criminal histories (Jackson et al., 2019, pp. 185-198).

c. **Empowering**
CP3's approach to violence prevention emphasizes building protective factors across the levels of prevention, such as social cohesion and mental wellness. When individuals, peer groups, families, and communities are empowered and provided with resources to overcome challenges, violence is less attractive. A positive approach that builds on strengths avoids securitizing prevention providers, stigmatizing both individuals and communities, or reinforcing victimhood narratives that violent extremists use to promote violent solutions. An approach that focuses on building protective factors across the levels of prevention also increases both the number and types of individuals and organizations that can play an active role in prevention, fostering a culture of violence prevention and nonviolence.

d. **Multidisciplinary**
Targeted violence and terrorism are complex human challenges with criminal, social, psychological, cultural, and behavioral facets. They require multidisciplinary approaches and teams to address. CP3's understanding of the wide range of relevant risks and protective factors, the many social determinants of health, and the four levels of the social-ecological model make it clear: no single profession or approach can prevent targeted violence and terrorism. CP3 draws from a range of evidence-based methods, practices, disciplines and professions to inform its public health-informed approach to targeted violence and terrorism prevention. However, by leveraging established public health models for violence prevention, including shared vocabulary and established principles, CP3 is enabling individuals and organizations with different roles and responsibilities — across many different disciplines — to harmonize their efforts.

Further, CP3 recognizes the decades of research and practice demonstrating the shared risk and protective factors among different forms of violence (Wilkins et al., 2014).
Upstream, multidisciplinary prevention approaches often address risk and protective factors common to multiple forms of violence. For example, family conflict is a risk factor that increases the likelihood of youth violence and bullying (Wilkins et al., 2014), and the U.S. Secret Service identified family conflict as a key risk factor for school attackers (United States Secret Service National Threat Assessment Center,

2019). CP3's approach recognizes the fastest way to increase the national capacity for TVTP is to collectively engage a multidisciplinary group of experienced violence prevention professionals who actively focus on different forms of violence.

e. Cost-Effective

In addition to saving lives and minimizing harm, investing in early prevention yields a significant return in economic and social terms. A break-even analysis performed by RAND highlights prevention efforts pay for themselves simply by decreasing the number of costly investigations, trials, and incarcerations required by the government (Jackson et al., 2019, p. 219). But prevention programs do more than break even. They avert the direct and indirect costs of violence, which can total hundreds of millions of dollars for a single mass casualty attack (Mueller and Stewart, 2021, p.151). The idea that an ounce of prevention is worth a pound of cure is not unique to targeted violence and demonstrated, repeatedly. The CDC highlights several youth and school-based violence prevention programs that research indicates provide economic benefits that surpass implementation costs (CDC, 2016). Programs that aim to prevent violence are far less expensive in both the long term and short term than dealing with the cost of injury after harm occurs (Davis, 2011; Corso et al., 2007).

f. Evidence-Based

While traditional counterterrorism and investigatory approaches are often sensitive, classified, and covert, the public health-informed approach to violence prevention is regularly evaluated by third parties and based on a publicly available, continually improving, evidence base. CP3 draws on a wide body of evidence from a variety of disciplines and contributes to that evidence base in partnership with the DHS Science and Technology Directorate, the National Institute of Justice, the CDC, university partners, and independent research organizations. Evaluating prevention programs allows for an iterative process that refines and enhances the current understanding of TVTP, improves CP3's programs and resources, and fosters both the transparency and protection of privacy, civil rights, and liberties.[4]

g. Pragmatic

Instances of targeted violence are often preventable. Numerous studies demonstrate perpetrators of targeted violence often leak their intent before acting, and often as a cry for help. This includes 83% of school attackers (United States Secret Service National Threat Assessment Center, 2019) and 47% of mass casualty gun violence perpetrators (Peterson et al., 2021). Violent ideation and other concerning behaviors associated with prior acts of targeted violence provide a window of opportunity for individuals, organizations, and communities to conduct non-punitive interventions.

h. Long-Term

Targeted violence and terrorism are enduring threats (Jensen et al., 2023). While threat actors may change and tactics may vary, the persistent public safety threats from terrorism and targeted violence require long-term investments and strategies that consider the societal, communal, and relational factors that can lead to hate and violence. Presently, CP3 invests in secondary and tertiary prevention, such as safety-net programs that support at-risk individuals and collaborates with providers from across disciplines. Long term investments in primary prevention are essential to reduce the volume of violence over time, and to build a culture of targeted violence and terrorism prevention. The evidence base for TVTP is still emerging

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[4] Recipients of CP3's Targeted Violence and Terrorism Prevention grant program have evaluation processes and reporting systems in place so that CP3 can monitor their progress and assess their work. CP3 works with the DHS Science and Technology Directorate to conduct third-party program evaluations of a subset of grantees, and DHS funds a program evaluation of the CP3 TVTP grant program itself to ensure continuous improvement. These results are shared publicly to inform practice.

In monthly progress reports, CP3 grant recipients and sub-recipients must document the consistent, systematic, fair, just, and impartial treatment of all individuals, no matter their race, ethnicity, national origin, sex, religion, age, disability, English proficiency, or economic status. If a grantee will engage in human subject research or use performance measurements that can be constituted as such, the grantee must successfully acquire Institutional Review Board (IRB) and DHS Compliance and Assurance Program Office (CAPO) approval.

however, as prevention providers continue to test and develop more prevention programs, identification of successful programs will ensure widespread adoption (Walker et al., 2023).

V.   Charting the Way Forward

CP3 developed a five-objective strategy to organize work, priorities, and investments.

1. **Objective 1 – Curate Research and Develop Content:** Curate evidence-based research on the public health-informed approach (PHIA) to TVTP and use it to inform the development of technical packages, trainings, and other resources that will support CP3's four other strategic objectives, ensuring that TVTP is grounded in research and best practices.

CP3's *Research and Content Development Team* works collaboratively with research and programmatic partners, such as DHS Science and Technology Directorate (S&T), to curate an evidence base of relevant information and promising practices to inform the prevention space. CP3 also works closely with third-party evaluators to assess the efficacy of key projects funded or identified by CP3 and S&T. CP3 continually reviews leading research and evidence to share with prevention providers and partners. Through systematic evaluation, evidence curation, and continual learning, the Research and Content Development team translates evidence into policy and practice by developing training content and other prevention resources.

2. **Objective 2 – Increase Capacity of Prevention Providers and Partners**: Engage with prevention providers and connect them with existing CP3 partners, promoting PHIA resources to build violence prevention capacity nationwide.

CP3's *Field Operations Team*, comprised of nationwide regional prevention coordinators (RPCs), works closely with state and local partners to (1) advise on TVTP strategy development and program implementation and (2) nurture strategic partnerships with public health partners to create a public health foundation for prevention programs. RPCs also deliver trainings, resources, and information to prevention practitioners and partners. Their work is designed to improve the accessibility, scalability, and transparency of CP3's programs and resources.

From a public-health-informed perspective, RPCs play a vital role in CP3's efforts to convene prevention providers working on other forms of violence (youth violence, sexual violence, elderly abuse, intimate partner violence, and more) to draw on their collective expertise, experiences, and networks to take part in primary and secondary prevention in the TVTP space. From a public health perspective, violence prevention provider efforts in this space focus on the implementation of various preventive measures, such as community education, early intervention programs, mental health support, and inclusive policies, with the intent to disrupt the cycle of violence and reduce the prevalence of targeted violence.

3. **Objective 3 – Invest in, and Support, Innovative TVTP Programs:** Build and support TVTP capabilities through an annual grant program and additional, partner-led initiatives with the aim of fostering a pipeline from innovative to best practices.

CP3's Grants and Innovation Team administers an annual grant program (in partnership with FEMA) to fund projects spanning the various prevention levels, ranging from national to local in scope. Grantees include state, local, tribal, and territorial government agencies, community-based organizations, and universities. CP3 also funds the Invent2Prevent program, an experiential learning program that empowers high school and university students to create TVTP products, tools, or initiatives.

The CP3 Grants and Innovation Team also works with grant recipients, innovation partners, and third-party evaluators to build a culture of learning, information sharing, and transparency.

4. **Objective 4 – Build a Public-Health Informed National Coalition for TVTP:** Create strategic partnerships with organizations and their networks that can contribute to a PHIA to TVTP.

CP3's *Strategic Engagement Team* focuses on building national-level strategic partnerships with intra- and inter-agency partners, focusing on federal public health agencies and their networks. CP3 aims to harmonize TVTP efforts with the significant professional networks, institutions, and financial resources already engaged in other forms of violence prevention. Through its engagements, CP3 amplifies its PHIA to prevention to key audiences in security agencies, the public health community, and TVTP practitioners.

5. **Objective 5 – Strategic Communications:** Employ proactive communications to support CP3 priorities and foster a culture of non-violence and violence prevention.

CP3's *Strategic Communications Team* manages communications and messaging efforts to advance all elements of this approach and foster a culture of violence prevention in which communities understand that acts of targeted violence and terrorism are preventable and the role they play in violence prevention.

VI. Conclusion

The U.S. is experiencing a heightened level of targeted violence and terrorism. The security community alone cannot address the risk factors that increase the likelihood of violence or bolster the protective factors that decrease the likelihood of violence over time. Nor is it well-positioned to intervene independently when an individual exhibits concerning behaviors associated with prior acts of targeted violence, even when an intervention could help the individual in question and their community. Paradoxically, however, we know that acts of targeted violence and terrorism are often preventable. Preventing acts of targeted violence and terrorism in the United States demands a paradigm shift towards a public health-informed approach that leverages decades of violence prevention research and the capabilities of the existing violence prevention community. The PHIA drastically increases the opportunities to reduce the risk of targeted violence by emphasizing wellness at all levels of the social-ecological model, by investing in prevention in addition to safety-net programs, and by emphasizing collaboration and active participation across a diverse set of actors.

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